Defense Health Agency
Uniform Business Office

Billing Problems and Solutions

Presented by
DHA UBO Program Office Contract Support

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Agenda

- PATCAT
- Coding
- Rates
- Pharmacy
- Prior Authorization for Pharmaceuticals
- Billing

PATCAT

Patient Categories (PATCATs)

The PATCAT Table is being updated. Estimated release date: TBD.

- *2013 New/Updated PATCATs*
  - 28 1– Newborn of Former Service Member (FRR/FOR)
  - 28 2 – Newborn of Former Service Member/Secretarial Designee (NC)
  - 29 1 – Newborn of Sponsor's Daughter (FRR/FOR)
  - 29 2 – Newborn of Sponsor's Daughter/Secretarial Designee (NC)
  - 30 1 – Newborn of Spouse of Former Service Member (FRR/FOR)
  - 30 2 – Newborn of Spouse of Former Service Member/Secretarial Designee (NC)
  - K57 9 - NAF Occupational Health CONUS - Navy Specific (NC)
  - K57 A - NAF Occupational Health OCONUS - Navy specific (NC)

- For more information on the PATCAT table, please refer to the PATCAT Training Module and the PATCAT Finder Guide available on the DHA UBO Learning Center at http://www.tricare.mil/ocfo/mcfs/ubo/patcat.cfm

Coding

Bundling/Unbundling Services

- The term “bundling” refers to coding related medical services as one inclusive procedure, in contrast to submitting claims for separate services.

- UBO billing offices are not authorized to make coding changes. However, if a claim is denied due to bundling, the biller is encouraged to contact the local coding department and inquire as to whether the encounter should be recoded with the procedure code for the panel

Bundling/Unbundling Services

- For example, a laboratory testing facility may bundle the codes, and, therefore, the cost of a procedure that analyzes several components at once
  - 80048 Basic Metabolic Panel (Calcium, total)
    - 82310 Calcium, total
    - 82374 Carbon dioxide (bicarbonate)
    - 82435 Chloride
    - 82565 Creatinine
    - 82947 Glucose
    - 84132 Potassium
    - 84295 Sodium
    - 84520 Urea nitrogen (BUN)
  - 80061 Lipid Panel
    - 82465 Cholesterol, serum, total
    - 83718 Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol)
    - 84478 Triglycerides
  - 80074 Acute hepatitis panel
    - 86709 Hepatitis A antibody (HAAb), IgM antibody
    - 86705 Hepatitis B core antibody (HBcAb), IgM antibody
    - 87340 Hepatitis B surface antigen (HBsAg)
    - 86803 Hepatitis C antibody

Bundling/Unbundling Services

- Fragmenting one service into component parts and coding each component part as if it were a separate service.
  - Upper gastrointestinal endoscopy with biopsy of stomach
    - 43239 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple
  - Separating the service into two component parts
    - 43235 for upper gastrointestinal endoscopy
    - 43600 for biopsy of stomach
- Reporting separate codes for related services when one comprehensive code includes all related services.
    - 58150 total abdominal hysterectomy (corpus and cervix) with or without removal of tube(s), with or without removal of ovary(s)
    - 58700 Salpingectomy, complete or partial, unilateral or bilateral
    - 58940 Oophorectomy, partial or total, unilateral or bilateral
      - Should have only billed 58150 for all three related services.

Bundling/Unbundling Services

- Breaking out bilateral procedures when one code is appropriate.
  - Bilateral mammography
    - 77055-RT for right mammography
    - 77055-LT for left mammography
  - Correctly coded
    - 77056 Mammography; bilateral
  - Bilateral plastic repair of cleft lip/nasal deformity;
    - 40700-RT for right plastic repair of cleft lip nasal deformity
    - 40700-LT for left plastic repair of cleft lip nasal deformity
  - Correctly coded
    - 40701 primary bilateral, 1 stage procedure
    - 40702 primary bilateral, 1 of 2 stages
    - 40720-50 secondary, by recreation of defect and reclosure

Bundling/Unbundling Services

- Bundling applies to other areas, for example radiology
- Below is an example for combinations of Computed Tomography (CT) Scans of the abdomen with CT Scans of the pelvis

Stand Alone Code	74150 CT Abdomen W0 Contrast	74160 CT Abdomen W Contrast	74170 CT Abdomen WO/W Contrast
72192 CT Pelvis WO Contrast	74176	74178	74178
72193 CT Pelvis W Contrast	74178	74177	74178
72194 CT Pelvis WO/W Contrast	74178	74178	74178

  - For ex[illegible]session the proced[illegible]
  - Keep i[illegible]fferent sessions. In that case one of the procedures should be coded with modifier -59.
- Remember: UBO billing offices are not authorized to make coding changes.
  - If a claim is denied due to bundling or lack of a modifier, contact the local coding department, request a review to determine if it should be re-coded with the procedure code for the panel/combined procedure or with the correct modifier

Bundling/Unbundling Services

- Separating a surgical approach from a major surgical service.
  - A provider should not bill CPT® code 49000 for exploratory laparotomy, exploratory celiotomy with or without biopsy(s) and CPT® code 44150 for colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy for the same operation because the exploration of the surgical field is included in the CPT® code 44150.
    - Modifier 59- distinct procedural service can be added to the secondary procedure if the documentation supports that the service is distinct or independent from the other procedure.

Use of Modifier 33

- Modifier 33 – Preventive Services
  - When the primary purpose of the service is the delivery or an evidence based service in accordance with a US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive services mandates, the service may be identified by adding modifier to the record. Modifier 33 is not used for procedures specifically identified as preventive; only for procedures that may be preventive/screening in one case and diagnostic in anther.
- Many insurance policies waive the patient cost share (co-pay, deductible) for selected procedures, e.g., colonoscopy, mammogram, when performed as screening. Since co-payments and deductibles are not collectable under commercial insurance policies, MTFs will likely increase collections with use of modifier 33 when correct.
- As in other instances, UBO billing offices are not authorized to add modifier 33. However, UBO staff should be aware of and are encouraged to communicate with coding personnel the importance of modifier 33 for screening services.
- ***__This modifier should not be used for separately reported services specifically identified as preventive__***

CPT® Codes with an A Rating

Cardio-vascular Disease Screening

- 80061 Lipid Panel
- 82465 Cholesterol, serum or whole blood, total
- 83718 Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
- 84478 Triglycerides

Screening Pap Test

- G0123 Screening cytopathology, cervical or vaginal
- G0124 Screening cytopathology, cervical or vaginal
- G0141 Screening cytopathology smears, cervical or vaginal
- G0143 Screening cytopathology smears, cervical or vaginal
- G0144 Screening cytopathology, cervical or vaginal
- G0145 Screening cytopathology, cervical or vaginal
- G0147 Screening cytopathology smears, cervical or vaginal
- G0148 Screening cytopathology smears, cervical or vaginal

CPT® Codes with an A Rating

Screening Pelvic Exam

- G0101 Cervical or vaginal cancer screening; pelvic and clinical breast examination

Colorectal Cancer Screening

- G0104 Colorectal cancer screening; flexible sigmoidoscopy
- G0105 Colorectal cancer screening; colonoscopy on individual at high risk
- G0121 Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
- 82270 Blood occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive
- G0328 Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous

CPT® Codes with an A Rating

Hepatitis B Vaccine

- 90740 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage
- 90743 Hepatitis B vaccine adolescent
- 90744 Hepatitis B vaccine pediatric/adolescent dosage
- 90746 Hepatitis B vaccine, adult dosage
- 90747 Hepatitis B vaccine dialysis or immunosuppressed patient dosage
- G0010 Administration of hepatitis B vaccine

HIV Screening

- G0432 Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-qualitative, multiple step method, HIV-1 or HIV-2, screening
- G0433 Infectious agent antigen by enzyme-linked immunosorbent assay (ELISA) technique antibody, HIV-1 or HIV-2, screening
- G0435 Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening

Smoking and Tobacco Cessation

- G0436 Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes
- G0437 Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes

CPT® Codes with a B Rating

Ultrasound Screening for Abdominal Aortic Aneurysm

- G0389 Ultrasound, B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) ultrasound screening

Diabetes Screening Tests

- 82947 Glucose; quantitative, blood (except regent strip)
- 82950 Glucose; post glucose dose (includes glucose)

Medical Nutrition Therapy (MNT) Services

- 97802 Medical Nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- 97803 Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- 97804 Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
- G0270 Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen, individual, face to face with the patient, each 15 min
- G0271 group (2 or more individuals), each 30 min

Screening Mammography

- 77052 Computer-aided detection (computer algorithm analysis of digital image date for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography
- 77057 Screening mammography, producing direct digital image, bilateral, all views
- G0202 Screening mammography, producing direct digital image, bilateral, all views

CPT® Codes with a B Rating

Bone Mass Measurement

- G0130 Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral)
- 77078 Computed tomography, bone mineral density study, 1 more sites; axial skeleton
- 77079 Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton
- 77080 Dual-energy x-ray absorptiometry (DXA), bone density study, 1 or more sites, axial skeleton

Bone Mass Measurement

- 77081 Dual-energy x-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton
- 76977 Ultrasound bone density measurement and interpretation, peripheral site(s), any method

CPT® Codes with a B Rating

Influenza Vaccine

- 90655 Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age
- 90656 Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older
- 90657 Influenza virus vaccine, split virus, when administered to children 6-35 months of age
- 90660 Influenza virus vaccine, live, for intranasal use
- 90662 Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content

Influenza Vaccine

- Q2035 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older (Afluria)
- Q2036 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older (Flulaval)
- Q2037 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older (Fluvirin)
- Q2038 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older (Fluzone)
- Q2039 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older (not otherwise specified)
- G0008 Administration of influenza virus vaccine
- G9141 Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)
- G9142 Influenza A (H1N1) Vaccine, any route of administration

CPT ® Codes with a B Rating

Pneumococcal Vaccine

- 90669 Pneumocaccal conjugate vaccine, polyvalent, when administered to children younger than 5 years
- 90670 Pneumocaccal conjugate vaccine, 13 valent
- 90732 Pneumococcal conjugate vaccine, polyvalent, when administered to children younger than 5 years

Pneumococcal Vaccine

- 90732 Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older
- G0009 Administration of pneumococcal vaccine

Rates

Rates: Inpatient, Outpatient, MAC

- ASA Inpatient Rates
  - FY 14 effective October 1, 2013
  - No reported issues to date
- Outpatient Rates
  - CY 13 effective 1 July 2013
  - No reported issues
- MAC Rates
  - CY 13 Outpatient were rates effective for MAC Billing as of 22 October 2013
  - FY 13 Inpatient rates were effective on 11 April 2013 and will remain in effect until further notice

Frequently Asked Questions: Rates

- **Where are the TRICARE CMAC rates? They are not on the UBO Web site.**
  - *TRICARE CMAC rates are available on the TRICARE.mil Web site and are used to recover the cost of healthcare services provided within the constraints of the DoD/VA Resource Sharing agreement . They are different than the TMA UBO CMAC rates which are based on TRICARE CMAC rates but are formatted for military billing systems and include charges for additional services not reimbursed by TRICARE*
- **Where can the MAC billing rates be found from previous years?**
  - *MAC rates are available on the TMA UBO website at: https://tricare.mil/ocfo/mcfs/ubo/mhs_rates/mac.cfm . There is also a link to archived MAC rates on that page. Select the rates effective on the date of service.*
- **Are we allowed to bill for procedures done prior to the effective date?**
  - *Unfortunately, 'back-billing' is not allowed. Rates are effective on the effective date. For example, Outpatient – 1 July.*

Frequently Asked Questions: Rates

- **If we find a code that is not in listed in the Rate(s) table, how do we get a code added?**
  - *If you have a code that is not in the applicable rate table for the date of service in question, send an e-mail to the UBO.Helpdesk@altarum.org with the specific code information and date of service in question. We will research whether there is or should be a rate for that code.*
- **If a patient's date of service was in one CY, but the claim is filed in another CY, what codes are used?**
  - *Use the CPT®/HCPCS codes that are effective on the date of service.*
- **What do I do if a claim is denied because the code has been deleted or an incorrect code was used?**
  - *If a code is deleted, depending on the deployment of the replacement code(s)/rates will determine if you have to accept the denial.*
    - *New codes effective rates for TMA UBO is 1 July, annually*
  - *If an incorrect code is used, billers should not change the codes, but work with the coding department to determine a better/correct code to be used AND the code must be effective on the date of service.*

Frequently Asked Questions: Rates

- **How are billing forms mapped in TPOCS?**
  - *Billing forms are based on where the services are provided. In the current billing environment, either institutional or professional charges can be billed for the same procedure, not both. Currently, reimbursement is higher for institutional charges within the DoD. Note, the DoD VA Sharing Program does allow for billing both institutional and professional charges as agreed to in local sharing agreements.*
- **Is it possible to assign CMAC localities to the civilian institutions for billing purposes?**
  - *Yes, CMAC localities have been assigned to the civilian hospitals for professional billing purposes. The civilian hospitals will have to bill their own institutional charges*.

Pharmacy

Request to Price Services, Supplies, or Pharmaceuticals Not in the DHA UBO Rates Files

- Cannot bill services, supplies and pharmaceuticals if no DHA UBO rate
- However, under certain circumstances the DHA UBO Program Office (PO) will review an out-of-cycle request (e.g., if there is a TRICARE or Centers for Medicare & Medicaid Services (CMS) rate)
- Must provide written justification and supporting documentation for recommended charge to UBO.Helpdesk@altarum.org
- DHA UBO pricing SME will review and, if verified, submit the recommended charge and supporting justification/documentation (including no charge if insufficient justification and documentation) to the PO for review and approval
  - Factors considered include the number of times a service or supply code is being used or pharmaceutical is dispensed and whether similar requests have been received from other billing offices
- Approval of a rate is MTF- or Activity-specific and cannot be used by other MTFs/Activities unless the PO states otherwise

MTF Procedure to Request Rate for NDC Reimbursement:

- The billing office will contact its local procurement/supplies management activity to determine the actual price paid for the pharmaceutical (based upon NDC)
- MTF will obtain documentation/proof of purchase on the actual price paid (“the local proof of purchase”). The price paid is the government cost regardless of whether it is purchased from the MTF or central activity budget
- If there is no local price, the billing office will draft a written explanation documenting:
  - the dispense date (specific details)
  - the volume of when/how the NDC is being dispensed

NDCs Not Found in the DHA UBO Rx Rate File

- The billing office will forward to the DHA UBO Helpdesk the supporting documentation with a request for pricing under the Subject line: “DHA UBO Special Price Request”:
  - the local proof of purchase
  - plus quantity dispensed or number units
  - the dispense/issue date
- The DHA UBO Helpdesk will forward the request and documentation to the pharmacy pricing SME
- The pricing SME will verify that the NDC unit price is not in the current rate file

NDCs Not Found in the DHA UBO Rx Rate File

- If the pricing SME confirms there is no DHA UBO current rate for a NDC but there is a local proof of purchase, then he/she will verify the local proof of purchase
- If verified, he/she will convert the actual price submitted into the unit measure price (rate)
- If there is no local proof of purchase, he/she will review the written explanation and documentation to determine whether to recommend an out-of-cycle rates update
- Factors considered include:
  - the number of times (volume) the NDC dispensed
  - similar requests received from other MTF billing offices
  - The SME may send a data call to the Services

NDCs Not Found in the DHA UBO Rx Rate File

- The SME will determine the recommended charge by:
  - multiplying the quantity/number of units by the unit measure
  - adding the applicable dispensing fee
- The pricing SME will submit the recommended charge and supporting justification/documentation (including no charge if insufficient justification and documentation) to the PO for review and approval

NDCs Not Found in the DHA UBO Rx Rate File

Specific NDC Example – Delzicol:

- Original Navy Help Desk question:
  - NDC 00430075327 (MESALAMINE) DELZICOL DR 400 MG CAPSULE
  - Dispensed June 2013
  - Dose Form: CE (CAPSULE,DELAYED RELEASE (ENTERIC COATED))
  - Unit of Measure: EA
- SME Verified NDC is not in current UBO Rx rate file:
- Current UBO Rx Rate file was developed, loaded and became effective 02/2013; the NDC is not found in that file
- Next rate cycle (which will contain NDC) to become effective 08/2013
  - The script belongs to a valid an “Out of Cycle” NDC
- SME converts the actual price submitted to the unit measure price and determines the recommended charge:
  - *Final Charge = [the NDC unit measure price X the quantity dispensed] + [the fixed TMA UBO dispensing fee] (effective on the script’s fill date)*

NDCs Not Found in the DHA UBO Rx Rate File

Specific NDC Example – Delzicol:

- SME will determine the recommended charge :
- NDC 00430075327 DELZICOL DR 400 MG CAPSULE Unit Price = $2.10
- **Final Charge = [The NDC unit measure price multiplied by the quantity dispensed] + [The fixed DHA UBO dispensing fee]** (effective on the script's fill date)
- **Final Charge = ($2.10) x (30 capsules) + $2.00 = $63.00 + $2.00**
- **Final Script Charge = $65.00 submitted to PO for review & approval**

Prior Authorization for Pharmaceuticals

Prior Authorization for Pharmaceuticals

- Payers require prior authorization for certain prescription pharmaceuticals
- The exact list of drugs that require prior authorization varies depending on payer
- Each payer has its own set of procedures for obtaining authorization
- Claims without proper authorization may be rejected by payers
- This has the potential to impact Third Party Collections revenue
- In response to requests from the field, a list of drugs that commonly require prior authorization has been created
- This information will be provided to MTFs for reference purposes

TRICARE Prior Authorization List

- TRICARE publishes its own comprehensive Prior Authorization and Medical Necessity List
- Available Online at http://pec.ha.osd.mil/forms_criteria.php

AHFS Therapeutic Class	Brand Name	Generic Name	Medical Necessity Form	Prior Authorization Form
NARCOTIC ANALGESICS AND COMBINATIONS	ABSTRAL	FENTANYL CITRATE	-	
SELF MONITORING BLOOD GLUCOSE SYSTEMS	ACCU-CHEK ACTIVE	BLOOD SUGAR DIAGNOSTIC		-
SELF MONITORING BLOOD GLUCOSE SYSTEMS	ACCU-CHEK COMFORT CURVE	BLOOD SUGAR DIAGNOSTIC		-
SELF MONITORING BLOOD GLUCOSE SYSTEMS	ACCUTREND GLUCOSE	BLOOD SUGAR DIAGNOSTIC		-
PROTON PUMP INHIBITORS	ACIPHEX	RABEPRAZOLE SODIUM		
NARCOTIC ANALGESICS AND COMBINATIONS	ACTIQ	FENTANYL CITRATE	-	
DIABETES-NON-INSULIN	ACTOPLUS MET	PIOGLITAZONE HCL/METFORMIN HCL	-	
DIABETES-NON-INSULIN	ACTOPLUS MET XR	PIOGLITAZONE HCL/METFORMIN HCL	-	
DIABETES-NON-INSULIN	ACTOS	PIOGLITAZONE HCL	-	

Prior Authorization List for use by MTFs

- Information from the TRICARE Web site has been transferred to an Excel spreadsheet
- Drug names were matched with drug names from the UBO drug formulary
- NDCs of drugs that require pre-authorization identified and listed in Excel
- About 75% of drugs on TRICARE list were matched to NDCs from our drug list
- Some drugs from TRICARE list correspond to multiple NDCs because of different dosages and drug manufacturers

Prior Authorization Resources for MTFs

- TRICARE Prior authorization NDC list will be made available to all MTFs for reference purposes.
- List will be updated when Pharmacy rates are updated and posted on DHA UBO website:

http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/pharmacy.cfm

Billing

Computing Inpatient Amount Billed – Background

- Relative Weighted Product (RWP) is a Diagnosis Related Group (DRG)-based measure of the relative costliness of a given discharge. The amount billed is calculated by multiplying the encounter's RWP by the MTF-Adjusted Standardized Amount (ASA) – or charge per RWP
- Each Inpatient MTF has its own ASA rates for Third Party, Interagency and International Military and Education and Training (IMET) patients based on the MTF's cost structure
- Although the MTF's ASA is fixed for each type of patient, the RWPs and the amount billed can vary based on length of stay (LOS) and discharge status
  - The RWP is equal to the DRG case weight for a LOS inlier discharge
  - The RWP will exceed the DRG case weight for a long stay outlier
  - The RWP will be less than or equal to the DRG case weight for a short stay outlier or a transfer
- Although ASAs vary, MS-DRGs, Weights, Geometric Mean LOS, Arithmetic Mean LOS, Short Stay Threshold, and Long Stay Thresholds are common to all MTFs

Types of Discharges

- Length of Stay Inlier Discharges – The length of stay (LOS) is greater than the short stay outlier threshold and less than or equal to the long stay threshold
- Long Stay Outlier Discharges – The LOS exceeds the long stay threshold
- Short Stay Outlier Discharges – The LOS is equal to or less than the short stay threshold
- Transfer – Patient is transferred to another hospital regardless of LOS

Computing Amount Billed for Inliers

- **Amount Billed = Disposition RWPs * ASA Rate**
  - Disposition RWPs = MS-DRG Weight
- Example: MS-DRG 765—Cesarean section with complications and comorbidities/major complications and comorbidities (CC/MCC)
  - MS-DRG Weight* - 0.8662 RWPs
  - Short Stay Threshold – 1 day
  - Long Stay Threshold – 15 days
  - Patient (Disposition) LOS – 7 days
  - MTF ASA - $10,000.00
- Disposition RWPs = MS-DRG Weight = 0.8662
- Amount Billed = Disposition RWPs * ASA Rate

  = 0.8662 * $10,000.00

  = **$8,662.00**

** available at http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/inpatient.cfm*

Computing Amount Billed for Long Stay Outliers

Amount Billed = Disposition RWPs * ASA Rate

- **Disposition RWPs = MS-DRG Weight + Allowance for Days Exceeding the Long Stay Threshold**

- *Example*: MS-DRG 765—Cesarean section with complications and comorbidities/major complications and comorbidities (CC/MCC)
  - MS-DRG Weight* - 0.8662 RWPs
  - Geometric Mean LOS* – 3.6 Days
  - Long Stay Threshold* – 15 Days
  - Patient LOS – 21 Days
  - MTF ASA - $10,000.00
- Allowance for Days Exceeding Long Stay Threshold

  = .33 * (MS-DRG Weight/Geometric Mean LOS) * (Patient LOS - Long Stay Threshold)

  = .33 * (0.8662/3.6) * (21-15)

  = .33 * .24061 (carry out to five decimal places) * (21-15)

  = 0.07940 (carry out to five decimal places) * 6

  = 0.4764 (carry out to four decimal places)
- **Disposition RWPs = .8662 + .4764 = 1.3426**

- **Amount Billed = Disposition RWPs * ASA Rate**

  = 1.3426 * $10,000.00

  = $13,426

* *available at http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/inpatient.cfm*

Computing Amount Billed for Short Stay Outliers

Amount Billed = Disposition RWPs * ASA Rate

- Disposition RWP = *minimum of* (2 * (MS-DRG Weight/Arithmetic Mean LOS) * Patient LOS) *or* the MS-DRG Weight
- *Example*: MS-DRG 765—Cesarean section with complications and comorbidities/major complications and comorbidities (CC/MCC)
  - MS-DRG Weight* - 0.8662 RWPs
  - Arithmetic Mean LOS* – 4.2 Days
  - Patient LOS – 1 Day
  - MTF ASA - $10,000.00

- Disposition RWPs = *minimum of* (2 * (0.8662/4.2) * 1) *or* 0.8662
  = minimum (2 * .20624 (carry out to five decimal places) * 1) *or* 0.8662
  = minimum (0.41248 (carry out to five decimal places) * 1) *or* 0.8662
  = minimum (0.4125 (carry out to four decimal places)) *or* 0.8662
  =0.4125
- **Amount Billed = Disposition RWPs * ASA Rate**
  = .04125 * $10,000.00
  = $4,125.00

** available at http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/inpatient.cfm*

Computing Amount Billed for Transfers

Amount Billed = Disposition RWPs * ASA Rate

- Disposition RWPs = *minimum of* MS-DRG Weight *or* (2* Per Diem + (LOS -1) * Per Diem)
  - Per Diem = MS-DRG Weight/ Geometric Mean LOS

- Example: MS-DRG 765—Cesarean section with complications and comorbidities/major complications and comorbidities (CC/MCC)
  - MS-DRG Weight - 0.8662 RWPs
  - Geometric Mean LOS – 3.6 Days
    - Per Diem = .8662/3.6 = .24061
  - Disposition LOS – 2 Days
  - MTF ASA - $10,000.00

  Disposition RWPs = minimum 0.8662 *or* (2 *.24061 +(2-1)*.24061)

  = minimum 0.8662 or (.24061 * 3)

  = minimum 0.8662 or 0.7218

  = 0.7218

- Amount Billed = Disposition RWPs * ASA Rate

  = 0.7218 * $10,000.00

  = $7,218.00

* *available at http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/inpatient.cfm*

Questions?

Additional questions may be sent to UBO.Helpdesk@altarum.or

Instructions for CEU Credit

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–View the entire broadcast

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- **Archived webinar (post-test required)**

–View the entire archived webinar (free and available on demand at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm)

–Complete a post-test available *within* the archived webinar

–E-mail answers to UBO.LearningCenter@altarum.org

–If you receive a passing score of at least 70%, we will e-mail MHS personnel with a .mil email address a Certificate of Approval including an AAPC Index Number

- The original Certificate of Approval may not be altered except to add the participant's name and webinar date or the date the archived Webinar was viewed. Certificates should be maintained on file for at least six months beyond your renewal date in the event you are selected for CEU verification by AAPC

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- Other organizations, such as American Health Information Management Association (AHIMA), American College of Healthcare Executives (ACHE), and American Association of Healthcare Administrative Managers (AAHAM), may also grant credit for DHA UBO Webinars. Check with the organization directly for qualification and reporting guidance.